

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| ommonwealth f Massachusetts | |
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| ile with: City or Town Clerk or Election Commission Please print or type all informat | ion, except signatures. 2012 JUN -5 P 2: 3 |
| Fill in dates: Reporting Period Beginning OPRIC / ZOI2 | Ending MAY BALE TOWN YOU ERK |
| Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election 🖽 | 30 day after election □year-end report □dissolution |
| Full Name of Candidate (if applicable) Selectman Office South and District | No Committee Committee Name |
| Office Sought and District | Name of Committee Treasurer |
| Residential Address Residential Address TP Sculch | Committee Mailing Address |
| Tel. No. (optional) | Tel. No. (optional) |
| Line 1: Ending balance from previous Line 2: Total receipts this period (page 2 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this p Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used | 2, line 11) \$ 0 \$ 0 3 00 (page 3, line 14) \$ 5 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the campaign finance activity, including all contributions, loans, receipts, expenditures, distand represents the campaign finance activity of all persons acting under the authority M.G.L. c. 55. Signed under the penalties of perjury Treasurer's signature (in ink) | bursements, in-kind contributions and liabilities for this reporting period or on behalf of this committee in accordance with the requirements of |
| reasurer's signature (in ink) | Date |
| FOR CANDIDATE FILINGS ONLY: (CA | NDIDATE MUST SIGN BELOW) |
| Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the campaign finance activity, of all persons acting under the authority or on behalf of the care not received any contributions, incurred any liabilities nor made any expenditures of Candidate without Committee OR Candidate with independent activity filing sepectify that I have examined this report including attached schedules and it is, to the ampaign finance activity, including contributions, loans, receipts, expenditures, disbut and represents the campaign finance activity of all persons acting under the authority of M.G.L. c. 55. | on my behalf during this reporting period. parate report best of my knowledge and belief, a true and complete statement of all remembers, in-kind contributions and liabilities for this reporting period or on behalf of this committee in accordance with the requirements of |

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

| Date Paid | (alphabetical listing) | | | Address | | | Purpos | e . | Amount | | | |
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| | | | | | Line 1 | 2. Ex | penditure | s over | \$50 | | - | |
| | | | | | | | | | and under* | 130 | 7 - | |
| | er on page 1, line 4 med expenditures of | | | | | | | | DITURES | | | |

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendary year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

| Date Received | Name and Residential Address (alphabetical listing required) | | | unt | nt Occupation & Employer (for contributions of \$200 or more | | | |
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| le 9: Total rec | eipts in excess of \$50 (or listed above) | | | | | | | |
| | eipts \$50 and under* (not listed above) | - | | | | | | |
| e 11: TOTAL | RECEIPTS IN THE PERIOD | | <u> </u> | ┨╻. | iter on page 1, line 2 | | | |

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page

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| | | | | Line 12: | Expend | itures ove | er \$50 | | | |
| on page 1, line | 4 | | | | | | | 1307 | | |
| | (alphabetica) OFFICE WMMelly OST OFF | onnelly Raving | (alphabetical listing) OFFICE STORE AMAN OMNELLY PRIVATURE 178 OST OFFICE MARK | (alphabetical listing) OFFICE STORE AMARKET WOON OST OFFICE MARK STOFFICE MARK ADD. | (alphabetical listing) OFFICE STORE MARKET ST Wobsern DST OFFICE MARK Line 12: Line 13: | (alphabetical listing) OFFICE STORE MARKET ST Wobselly Prairies 178 Gill ST MA St DST OFFICE MARK Line 12: Expend Line 13: Expend | (alphabetical listing) DEFICE STORE MARKET ST CAMIDIAN WOSDERM OST OFFICE MARK Line 12: Expenditures ove Line 13: Expenditures \$50 | (alphabetical listing) DEFICE StORE MARKET ST CAMBRIAN LITERATURE WONNELLY PRINTER MARK STOFFICE MARK Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and under* | (alphabetical listing) DEFICE STORE MARKET ST (AMPRIGN LITERATUM 350 DATE OFFICE MARK Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and under* / 307 | |

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|------------------|-------------------------|---------------------|-----------------------------|-------|
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| | | | | |
| | | Line 15: | In-kind over \$50 | • |
| | | Line 16: | In-kind \$50 and under | |
| I | Enter on page 1, line 6 | Line 17: | Total In-kind | |

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|------------------|------------------------|--------------------------|-----------------------------|--------|
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| Er | nter on page 1, line 7 | Line 18: OUTSTANDING LIA | ABILITIES (ALL) | - |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4